



EXPERIENCES AND/OR QUALIFICATIONS:

Describe how your past experiences and/or qualifications would benefit the Public Health Trust.

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ORGANIZATIONS AND ACTIVITIES:

List community, civic, professional and other organizations of which you are a member.

Organization	Position Held
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<hr/>	<hr/>
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List any Public Office held (Elected or Appointed):

Office	Date
<hr/>	<hr/>
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Affiliations with Hospitals, Nursing Homes or other Health related institutions:

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Community Interest:

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Additional Information:

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Persons acquainted with Candidate's Activities/Experience:

Name

Telephone

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I, (candidate's name) \_\_\_\_\_,  
Citizen of the United States, a duly qualified elector of Miami-Dade County, and not  
affiliated with the Public Health Trust of Miami-Dade County or its subordinate agencies  
or institutions, would, if appointed, be willing and able to discharge the responsibilities  
and functions of Trustee. I declare that if selected while currently serving on another  
official County board, I will resign from my other County responsibilities.

_____	_____
<b>Date</b>	<b>Candidate's Signature</b>

Nominated by: (if not self)

_____	_____
<b>Name</b>	<b>Telephone</b>

_____	_____	_____
<b>City</b>	<b>State</b>	<b>Zip Code</b>